

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Demetri Kimbrough  
7610 Eben Drive  
Charlotte, NC 28269-1113



9590 9402 6548 1028 5674 57

## 2. Article Number (Transfer from service label)

7021 0350 0000 6782 1628

Restricted Delivery

(over \$500)

## 3. Service Type

|  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       |   |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.  
Charlotte, NC 28269

OFFICIAL USE

## Certified Mail Fee

|  |         |
|--|---------|
| \$   | 2.85    |
| Extra Services & Fees (check box, add fee as appropriate)    |         |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ 0.00 |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ 0.15 |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Required            | \$ 0.00 |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ 0.00 |

Postage \$0.55

Total Postage and Fees \$12.55

## Sent To

Street and Apt. No., or PO Box No.

7610 Eben Drive

City, State, ZIP+4®

Charlotte NC 28269

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

